

Other Community-Level Intervention (CLI) Report Form

Name of Contracting Agency:	State contract: Yes No
Reporting period begin date:	Reporting period end date:
Intervention Name:	
Other Intervention Type	
<input type="checkbox"/> Community Mobilization incl. RPC	<input type="checkbox"/> Policy Intervention
<input type="checkbox"/> Social Marketing Campaign	<input type="checkbox"/> Structural Intervention
<input type="checkbox"/> Community-Wide Event	<input type="checkbox"/> Other Type: _____
Describe intervention activity.	
Describe outputs and outcome of intervention. Please attach relevant documentation of outputs and outcomes, i.e., RPC minutes, attendance records, policy changes, needs assessment summary, print materials distributed, condoms distributed, etc.	